

[illegible]

Application number::	Unassigned
Filing Date::	11/01/01
Application Type::	Regular
Subject Matter::	Utility
Title::	DELIVERY OF THERAPEUTIC CAPABLE AGENTS
Attorney Docket Number::	020460-001600US
Request for Early Publication::	No
Request for Non-Publication::	No
Total Drawing Sheets::	20
Small Entity?::	Yes
Petition included?::	No
Secrecy Order in Parent Appl.::	No

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	MOTASIM
Family Name::	SIRHAN
City of Residence::	Sunnyvale
State or Province of Residence::	CA
Country of Residence::	US
Street of Mailing Address::	794 W. Knickerbocker Drive
City of Mailing Address::	Sunnyvale
State or Province of mailing address::	CA
Country of mailing address::	USA
Postal or Zip Code of mailing address::	94087

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Status:: Full Capacity  
 Given Name:: JOHN  
 Family Name:: YAN  
 City of Residence:: Los Gatos  
 State or Province of Residence:: CA  
 Country of Residence:: US  
 Street of Mailing Address:: 128 Anne Way  
 City of Mailing Address:: Los Gatos  
 State or Province of mailing address:: CA  
 Country of mailing address:: USA  
 Postal or Zip Code of mailing address:: 95032

#### Correspondence Information

Correspondence Customer Number:: 20350

#### Representative Information

Representative Customer Number:: 20350

#### Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
	Claims benefit of::	60/258,024	12/22/2000
	Claims benefit of::	09/783,253	02/13/2001
	Claims benefit of::	09/782,927	02/13/2001
	Claims benefit of::	09/783,254	02/13/2001
	Claims benefit of::	09/782,804	02/13/2001
	Claims benefit of::	60/308,381	07/26/2001

#### Assignee Information

Assignee Name:: AVANTEC VASCULAR CORPORATION  
 Street of mailing address:: 1440 Koll Circle, Suite 103  
 City of mailing address:: San Jose  
 State or Province of mailing address:: California  
 Country of mailing address:: USA  
 Postal or Zip Code of mailing address:: 95112